

STATEMENT of  
the MILITARY OFFICERS ASSOCIATION OF AMERICA

on  
LEGISLATIVE GOALS for  
VETERANS' HEALTH CARE and BENEFITS  
1<sup>st</sup> Session, 108<sup>th</sup> Congress

before the

SENATE VETERANS' AFFAIRS COMMITTEE  
HOUSE VETERANS' AFFAIRS COMMITTEE

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Presented by  
Colonel Robert F. Norton, USA (Ret.)  
Deputy Director, Government Relations  
Military Officers Association of America

**Biography of Robert F. Norton, COL, USA (Ret.)**  
**Deputy Director, Government Relations, MOAA**  
**Co-Chair, Veterans' Committee, The Military Coalition**

A native New Yorker, Bob Norton was born in Brooklyn and raised on Long Island. Following graduation from college in 1966, he enlisted in the U.S. Army as a private, completed officer candidate school, and was commissioned a second lieutenant of infantry in August 1967. He served a tour in South Vietnam (1968-1969) as a civil affairs platoon leader supporting the 196th Infantry Brigade in I Corps. He transferred to the U.S. Army Reserve in 1969 and pursued a teaching career at the secondary school level. He joined the 356th Civil Affairs Brigade (USAR), Bronx, NY and served in various staff positions from 1972-1978.

Colonel Norton volunteered for active duty in 1978 and was among the first group of USAR officers to affiliate with the "active Guard and Reserve" (AGR) program on full-time active duty. He specialized in manpower, personnel, and quality-of-life programs for the Army's reserve forces. Assignments included the Office of the Deputy Chief of Staff for Personnel, Army Staff; advisor to the Asst. Secretary of the Army (Manpower & Reserve Affairs); and personnel policy and plans officer for the Chief, Army Reserve.

Colonel Norton served two tours in the Office of the Secretary of Defense (OSD). He was responsible for implementing the Reserve Montgomery GI Bill as a staff officer in Reserve Affairs, OSD. From 1989 -1994, he was the senior military assistant to the Assistant Secretary of Defense for Reserve Affairs, where he was responsible for advising the Asst. Secretary and coordinating a staff of over 90 military and civilian personnel. During this tour, Reserve Affairs oversaw the call-up of more than 250,000 National Guard and Reserve component troops for the Persian Gulf War. Colonel Norton completed his career as special assistant to the Principal Deputy Asst. Secretary of Defense, Special Operations / Low Intensity Conflict and retired in 1995.

In 1995, Colonel Norton joined Analytic Services, Inc. (ANSER), Arlington, VA as a senior operational planner supporting various clients including United Nations humanitarian organizations and the U.S. Air Force's counterproliferation office. He joined MOAA's national headquarters as Deputy Director of Government Relations in March 1997.

Colonel Norton holds a B.A. in philosophy from Niagara University (1966) and a Master of Science (Education) from Canisius College, Buffalo (1971). He is a graduate of the U.S. Army Command and General Staff College, the U.S. Army War College, and Harvard University's Senior Officials in National Security course at the Kennedy School of Government.

Colonel Norton's military awards include the Legion of Merit, Defense Superior Service Medal, Bronze Star, Vietnam Service Medal, Armed Forces Reserve Medal, Army Staff Identification Badge and Office of the Secretary of Defense Identification Badge.

Colonel Norton is married to the former Colleen Krebs. The Nortons have two grown children and reside in Derwood, Maryland.

## VETERANS HEALTH CARE

**Full Funding for Enrolled Veterans.** Demand for VA health care continues to exceed the VA's capacity to provide timely, quality services to enrolled veterans. Under the VA's open enrollment program (which was suspended in January this year) 6.5 million veterans were enrolled in VA care (as of September 2002) and nearly five million veterans sought care in the system last year.

Last summer, 315,000 veterans were on unacceptably long waiting lists ranging from six-months to one-year for initial or specialty appointments. That number has dropped to about 200,000 veterans on these waiting lists, a considerable improvement. But this issue is not about making the numbers look good. It's about real people, our nation's veterans who are in many parts of the country still forced to wait long periods for their health care appointments. The demand – resources gap is having an adverse impact on veterans' health because many simply can't get care when they need it. MOAA believes that the VA should be fully funded to meet its own access standards. That means that a veteran should be able to obtain routine care within 30 days. Once the VA has agreed to accept a veteran for care there is an absolute obligation of the government to provide high quality care in a timely manner.

**MOAA strongly supports full funding for all enrolled veterans to ensure timely, high-quality access to VA health care services.**

**Dual-Eligible Veterans.** Veterans who have completed a full career in the armed forces, the Public Health Service or the NOAA Corps have earned lifetime entitlement to health care benefits provided by the Department of Defense in the TRICARE program and eligibility for VA health care services.

Based on enrollment data, a significant number of dual-eligible veterans use the VA health care system for at least some of their care. Reliance on VA care appears to increase with the level of disability. Veterans Health Administration data as of September 2002 indicate that:

- 801,271 military retired veterans are enrolled in VA health care.
- Military retired veterans constitute 12.3% of all enrollees
- 30% of all disabled enrollees (PG 1-3, incl. Purple Heart and former POWs) are military retired veterans.

### Military Retired VHA Enrollees

Priority:	1	2	3	4	5	6	7A	7C	Total
Under 65	137,001	96,808	126,883	777	27,835	9,474	8,877	60,715	468,370
Over 65	77,126	43,731	68,816	2,918	40,528	9,128	9,538	81,066	332,851
unknown:	7	13	21	1	1	2	0	5	50
<b>Total</b>	<b>214,134</b>	<b>140,552</b>	<b>195,720</b>	3,696	68,364	18,604	18,415	141,786	<b>801,271</b>

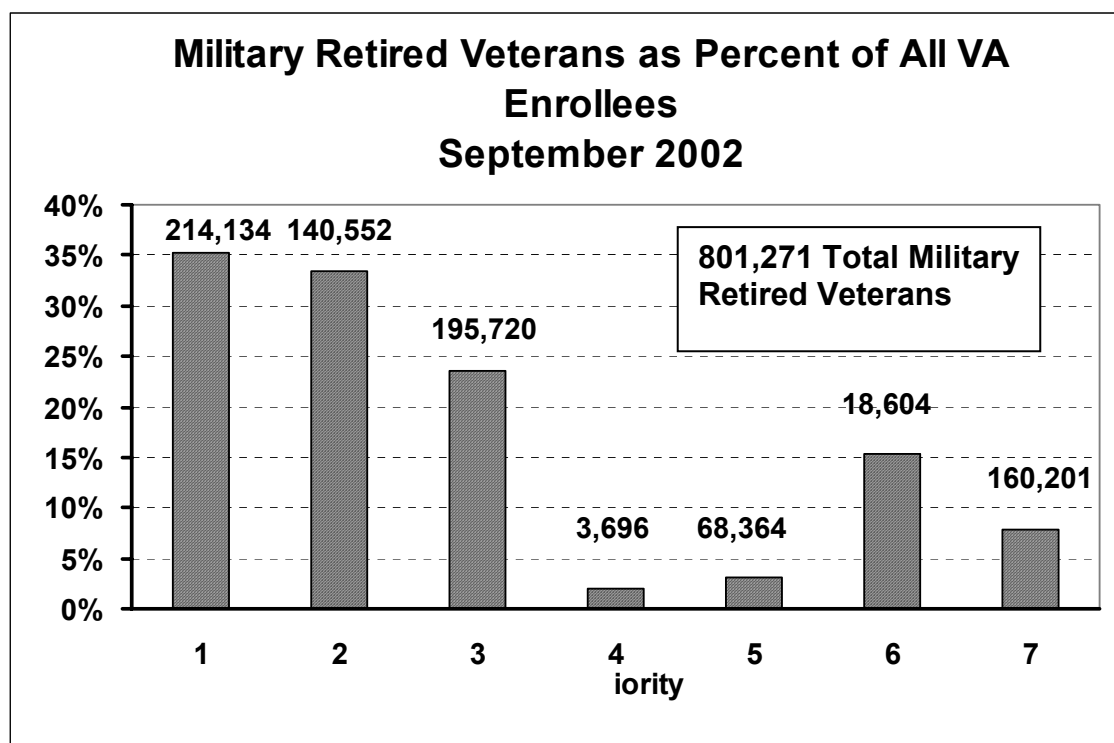
### Military Retired VHA Patients

Priority:	1	2	3	4	5	6	7A	7C	Total
Under	108,986	55,002	57,414	638	14,512	3,315	4,707	19,724	264,298
Over	66,659	31,256	44,430	2,163	24,041	3,620	5,472	28,465	206,106
Unknown:	3	3	1	1	0	0	0	0	8
Total	175,648	86,261	101,845	2,802	38,553	6,935	10,179	48,189	470,412

Source: VHA. Dual-eligible enrollment and user data as of 30 September 2002. The table does not reflect a recent VA decision to transfer about two-thirds of PG 7 veterans to a newly established PG-8 category.

The table above illustrates that the more severe the disability rating the more likely the retired veteran is to become a patient in the VA system. For example, 82% of dual-eligibles with disabilities rated at 50% or greater use VA care.

The graph below illustrates the distribution of currently enrolled military retired veterans in the enrollment priority groups:



Because many enrolled retired veterans have serious disabilities, it is imperative that they have assured access to the VA's spectrum of health care services including its renowned specialty care capabilities. As we have noted in past testimony, military retired veterans often prefer to obtain their routine health care locally from the TRICARE network, but are willing to travel some distance to have access to VA specialty care services. MOAA supports TRICARE and VA developing better coordination-of-care mechanisms provided that retired veterans are not caught in the middle of "dueling bureaucracies."

***MOAA urges the Committee to fully fund specialty care including medical research and needed facilities upgrades for all enrolled veterans who rely on these unique VA services.***

***No "Forced choice".*** MOAA is most appreciative of Congress' action to protect dual-eligible veterans' access to all earned health care benefits provided by DoD and VA. The government should not force military retirees to relinquish any earned health care benefit. We are encouraged that the DoD and VA Health Council has developed reimbursement rates to support better coordination-of-care activities between TRICARE and VA health care. Agency-level coordination mechanisms must be designed in ways that foster budget coordination and reconciliation without limiting dual-eligibles' access to earned health care benefits for the convenience of the government.

***MOAA appreciates Congress' continued support in opposing "forced choice" proposals that would compel dual-eligible veterans to relinquish access to either DoD or VA-sponsored health care services.***

***DoD – VA Health Systems' Collaboration.*** MOAA has actively participated in the Presidential Task Force (PTF) to Improve Health Care Delivery for Our Nation's veterans. The PTF is expected to issue a final report on its findings and recommendations within the next few months. MOAA believes that a lasting legacy of the PTF can be the creation of a "seamless, transferable lifetime medical record." A lifetime service medical record could help veterans to obtain early, accurate and fair VA disability ratings, facilitate access to needed specialty care in either system, and enable collaborative medical research between DoD and the VA. Such a project requires considerable investment in information management and technology in both federal departments and the commitment of senior leaders to a strategic vision that places veterans at the heart of DoD – VA collaborative activities.

***MOAA strongly recommends Congressional support for funding the development of a "seamless, transferable, lifetime medical record" for all servicemembers; strategic planning at the highest levels of DoD and VA; investment in information management / technologies between the two departments; and closer collaboration between the TRICARE and VA 'CARES' planning processes.***

***VA Medicare Subvention.*** Over 40% of enrolled veterans are eligible for Medicare. VA Medicare Subvention may enhance some older veterans' access to VA health care and potentially reduce overlapping spending by Medicare and the VA for the same services. MOAA continues to support the concept that Medicare-eligible veterans should be able to obtain their earned Medicare-sponsored services (other than for service-connected care) in VA health care facilities.

Recently, VA Secretary Tony Principi announced a plan to establish a Medicare + Choice program later this year for certain means-tested, Medicare-eligible

veterans assigned to Priority Group 8. MOAA supports this initiative.

As the VA and the Center for Medicare / Medicaid Services work out the details of the plan, we urge careful attention to problems that have plagued "Medicare + Choice" plans in the private sector. A "show stopper" in private sector Medicare + Choice plans is the low level of reimbursement for Medicare covered services. Many private plans have found the payments inadequate to remain in the program. Consequently, many carriers have dropped these plans. That may not be a problem if the VA and CMMS can establish a rate schedule that covers the cost of services delivered in VA facilities.

A more pressing challenge is Medicare access standards. Medicare access standards vary state-to-state and VA facilities must meet them in order to participate in any Medicare + Choice plans. VA facilities will have to have the capacity to meet Medicare access standards while not jeopardizing access for core VA patients.

MOAA is also concerned about the larger issue of funding to meet VA – no less Medicare – access standards throughout the VA system. It makes no sense to meet Medicare access standards for one group of veterans, but not provide the same level of access to veterans enrolled in Priority Groups 1 through 7.

***MOAA recommends Congress support the "VA + Choice" plan and provide funding for the entire VA system to meet Medicare access standards for all enrolled veterans. MOAA continues to support Medicare reimbursement – VA Subvention -- for non-service connected care of enrolled Medicare-eligible veterans.***

## **VETERANS BENEFITS**

**Disability Claims Backlog and Process Improvement.** By late 2002, backlogged VA claims had dropped from 600k to 463k, including 97k claims on appeal. VA's goal is a steady state of 250k claims pending. However, despite commendable improvements in the "numbers", the reality is that the system has significant challenges in ensuring consistent, fair, and high-quality claims' ratings across the system. The key to long-term progress is the hiring, professional training, and support of a high-quality workforce of claims workers supported by investment in information management and technology.

***MOAA strongly recommends fully funding the Veterans' Benefits Administration to meet its manpower, training, and IM / IT requirements and to sustain recent improvements in reducing the claims backlog.***

**Concurrent Receipt of Military Retired Pay and VA Disability Compensation.** MOAA was disappointed that agreement could not be reached last year to provide unconditional concurrent receipt of retired pay and veterans' disability compensation to disabled military retired veterans, but

appreciates the “first ever” provisions that were provided to eliminate the disability offset for certain retirees with combat- or operations-related disabilities. Congress’ action to establish a “beachhead” in law is very significant in recognizing that military retired pay and veterans disability compensation are paid for different purposes, and one should not offset the other.

MOAA has long held that retired pay is earned compensation for completing a career of arduous uniformed service, while veterans disability compensation is paid for loss of function and future earning potential caused by a service-connected disability.

Previous attempts to fix this inequity have all been met with the same response-the cost is too large. But the cost to men and women in uniform who have been injured while serving this Nation is far greater, as the government now deducts every dollar of this cost from disabled retired veterans’ paychecks – imposing a heavy financial penalty on top of their service-connected health loss. The new special compensation authority will help several thousand in a very select group injured by combat, or related operations. But there are many, many more thousands of deserving disabled retirees who have been left behind.

MOAA is particularly concerned that, during last-minute final negotiations on the FY 2003 Defense Authorization Act, changes in eligibility language inadvertently omitted three classes of disabled retirees who otherwise fall within the criteria enacted into law.

First, technical language effectively excluded virtually all National Guard and Reserve retirees with 20 years of creditable service and combat-related disabilities. There are many retired reservists who were awarded Purple Hearts and have combat-related disabilities. Their Guard and Reserve status did not protect them from being wounded on the battlefield, and they should not be discriminated against by this legislation.

Second, there are a very limited number of retirees who received nondisability retirements with 15 to 19 years of service during the drawdown of the early 1990s and who also have otherwise-qualifying combat-related disabilities. These members earned their military retirement independently of their disability and should be eligible to receive the special compensation if their disabilities would otherwise qualify.

Finally, enlisted retirees who were awarded one of the top two decorations for valor are authorized an extra 10 percent in retired pay (within the maximum limit of 75 percent of basic pay). MOAA believes strongly that the modest extra retired pay awarded these members for their combat heroism should not be subject to the disability offset.

MOAA is aware of concerns expressed by some that enactment of concurrent receipt legislation could lead to additional applications for initial award of disability ratings or increases in existing ratings. But we cannot accept any contention that government workload concerns should be used as an excuse to resist treating disabled retirees fairly.

MOAA was particularly distressed by a proposal in the FY2003 VA-HUD Appropriations Bill reported by the House Appropriations Committee last year that was generated by just such a concern. The proposal would have barred the VA from processing any new disability applications by disabled retired veterans eligible for payments under any new concurrent receipt legislation Congress might pass. MOAA was stunned that some in the same Congress that authorized a payment to a retiree with a service-connected disability would seek to simultaneously bar any newly disabled retirees from applying for it.

MOAA hopes the Committee shares this concern and will ensure that the Department of Veterans Affairs is funded to address the issue of timely claims processing.

***The Military Officers Association of America urges the Committees to support ultimate elimination of the disability offset for all disabled retirees, expansion of eligibility for the new special compensation, and funding as necessary to ensure timely processing of any expected increase in disabled veterans' claims for this or other reasons.***

### **Presumption of Service Connection for Hepatitis-C Infection**

Medical research has established that there is a significantly higher rate of Hepatitis-C (HCV) infection among veterans than in the general population. Responding to this major health care challenge, the Veterans Health Administration has implemented aggressive screening, treatment and research to combat this healthcare crisis among veterans. MOAA is grateful for this commitment. There is a need now to follow up authorizing presumptive service-connection from HCV under certain conditions.

Before development of a reliable HCV screening test in the early 1990's, scores of thousands of servicemembers were exposed in service to HCV through air-gun inoculations, surgery, other medical procedures, and battlefield exposure. Therefore, a presumption of service-connection for servicemembers exposed to the HCV virus prior to development of definitive screening tools is warranted.

***MOAA recommends legislation adding presumption of service connection for Hepatitis-C in servicemembers exposed to this disease prior to development of a definitive screening test in 1992.***

**Education Benefits for Career Servicemembers.** Active duty career servicemembers who first entered service during the VEAP-era (1 January 1977



- 30 June 1985) but who declined to take VEAP are the only group of currently serving members who have not been offered an opportunity to enroll in the Montgomery GI Bill (MGIB). There are about 110,000 servicemembers in this situation. Many were actually discouraged by service officials from signing up for VEAP, as it was acknowledged to be a grossly inadequate program compared to the Vietnam-era GI Bill and the subsequent MGIB, which began on 1 July 1985.

MOAA maintains that earlier estimates on the cost of allowing active duty career servicemembers a MGIB sign-up opportunity were grossly over-stated. We estimate the first year cost to be in the neighborhood of less than a half million dollars compared to the government's 2001 estimate of \$1.3 million.

In 2001, the VA projected a ten-year cost estimate of \$439 million for legislation to allow VEAP-era servicemembers to enroll in the MGIB. Since then the eligible population of about 110,000 has declined due to separation and retirement decisions. In addition, we maintain that the VA estimate was based on unrealistic assumptions and did not take into account an \$81 million offset from savings generated by an enrollment fee of \$2700 per servicemember. The VA assumed a "take rate" of 33% whereas the last VEAP-participant to MGIB 'conversion' program in 2001 yielded only an 11% sign-up rate. In addition, the VA assumed an extremely high 90% usage rate compared to historic averages ranging from 50% to 60%.

We would estimate the first year (FY2004) cost of a one-time MGIB enrollment window for career servicemembers who declined VEAP upon entry would be approximately \$400,000 (compared to the VA's 2001 estimate of \$1.3 million) and a total of \$185 to \$200 million over ten years (2004 – 2113).

Servicemembers who entered during the VEAP era now have 17 to 25 years of service. These are the leaders responsible for fighting and winning the nation's wars. Before they complete their careers, they should be afforded one opportunity to say "yes" or "no" to the Montgomery GI Bill.

***MOAA strongly recommends Congress authorize a sign-up window for career servicemembers who declined VEAP when they entered service.***

***Benchmarking MGIB Benefits.*** MOAA is one of the original founding group of organizations within *The Partnership for Veterans Education*. Altogether, there are 52 military, veterans, and higher education organizations in the Partnership, which collectively represent more than 11 million members. The Partnership strongly advocates the establishment of a benchmark for MGIB benefits so that they keep pace with the average cost of a four-year public college education. The "Veterans Education and Benefits Expansion Act of 2001" (P.L. 107-103) signaled Congress' commitment to restoring the educational buying power of the MGIB. The final increase authorized in the law goes into effect on 1 October this year, raising basic MGIB rates for full-time study to \$985 per month, a \$313 per month increase, or 46%, over the past

three years.

But even with the 1 October increase, MGIB benefits will account for only about 67% of the average cost of a four-year public college or university for academic year 2003-2004. Next year, a veteran can expect to pay on average about \$1470 per month for full-time study at a four-year public college or university but receive just \$985 in MGIB benefits. Since many veterans are married when they separate, it is increasingly difficult for them to achieve their educational and training goals with benefits that do not keep pace with the rising cost of education.

***MOAA supports the Partnership's goal of tying future benefit increases to a recognized government index of the average cost of four-year public college or university education.***

***National Guard and Reserve Veterans' Benefits.*** 176,553 members of the National Guard and Reserve forces have been called to active duty (as of 5 March 2003) to support operational missions at home and abroad. When these citizen-soldiers are demobilized they become eligible for veterans benefits including extended access to VA health care services for any condition related to their service.

However, more needs to be done to provide these servicemembers the full measure of benefits they earn in service to their country.

According to Defense Department officials, about 20,000 Guard and Reserve servicemembers have been extended on orders from 12 to 24 months' active duty. These servicemembers should have the option of enrolling in the Montgomery GI Bill under Chapter 30 of Title 38. But it's not clear whether the statute (Section 3011(a), Title 38 USC) would allow an activated reservist in this situation to enroll in the MGIB. The Defense Department may not consider their active duty service meeting the requirement that a person must "first" become a (service)member or first enter active duty to be eligible for the MGIB. Additionally, service procedures may not be able to identify these individuals even if considered eligible for the Chapter 30 MGIB.

In the last session of Congress, Senator Arlen Specter (R-PA), now Chairman of the Senate Veterans Affairs Committee, introduced legislation (S.1517, 107<sup>th</sup> Congress) that would among other things permit tiered increases to MGIB benefits for reservists called up for one-year or longer in support of contingency operations. MOAA believes this proposal needs to be re-introduced and passed.

A second Guard and Reserve issue is that MGIB benefits for members of the Selected Reserve authorized under Chapter 1606 of Title 10 USC have not kept pace proportionately with Chapter 30 (Title 38) benefits.

In the last 17 years, only two benefit increases have been legislated in the reserve program other than cost-of-living increases. In 1985, reserve MGIB

rates were set at 47% of active duty MGIB rates but have since declined to only 31% of basic benefits for full-time study under Chapter 30. Later this year on October 1, basic MGIB rates will increase to \$985, a 46% increase over the past three years. Meanwhile, reserve MGIB rates will decline further to 27% (\$276) of the \$985 rate for full-time study.

A key problem all along has been that reserve MGIB funding competes directly with reserve servicemembers' pay accounts. Adjustments made in Title 38 to basic MGIB benefits cannot be made proportionally in the reserve program absent separate legislation amending Title 10. To synchronize the reserve MGIB program with the Chapter 30 program, MOAA supports transferring the Chapter 1606, Title 10 program to Title 38.

All servicemembers today are authorized to use their MGIB benefits while in service and after they transition to civilian life and become veterans. There is no good reason why the reserve MGIB program should not be similarly structured. Therefore, MOAA supports a "total force" approach to the Montgomery GI Bill.

***MOAA recommends allowing reservists serving on one-year or longer orders to have increased MGIB benefits, recommends transferring the reserve MGIB program authorized under Chapter 1606 of Title 10 USC to Title 38, and restoring reserve MGIB rates to 47% of basic benefits, as originally set out in 1985.***

**Retention of Dependency and Indemnity Compensation (DIC) if remarried after age 55.** In U.S. government agencies, all survivor benefits are retained if a beneficiary remarries after a certain age. The only exception is the military DIC widow or widower. Many widows refrain from remarrying because they cannot afford to lose their DIC.

***MOAA urges Congress to provide funds to permit a DIC widow(er) who marries after the age of 55 to retain DIC status and benefits.***

### **Arlington National Cemetery Interment Rules**

MOAA appreciates the leadership shown by the House Committee on Veterans Affairs for endorsing legislation in the last session of Congress (107<sup>th</sup>) that would eliminate the age requirement for retired reservists who would otherwise be eligible for in-ground burial at Arlington National Cemetery (ANC). In addition, the legislation would have authorized an in-ground burial to reservists who die in the line of duty while on inactive duty.

MOAA continues to support the codification of all the rules governing access to ANC.

Since 1998 the House Committee on Veterans Affairs and the full House have by unanimous or near-unanimous vote endorsed legislation that would codify

the rules governing interment in our nation's most hallowed resting place for its military heroes.

The most recent House-passed legislation from the 107<sup>th</sup> Congress would authorize an in-ground burial to:

- members of the Armed Forces who die on active duty;
- retired members of the Armed Forces, including Reservists who served on active duty;
- former members of the Armed Forces who have been awarded the Medal of Honor, Distinguished Service Cross, Air Force Cross, or Navy Cross, Distinguished Service Medal, Silver Star, or Purple Heart;
- former prisoners of war;
- members of the National Guard / Reserve who served on active duty and are eligible for retirement, but who have not yet retired;
- members of the National Guard / Reserve who die in the performance of inactive duty training;
- the President or any former President;
- the spouse, surviving spouse, minor child and at the discretion of the Superintendent of Arlington, unmarried adult children of the above categories.

MOAA understands that the Senate Veterans' Affairs Committee (SVAC) is in general agreement with codifying the rules, but desires additional flexibility to accommodate worthy exceptions.

As we understand it, the SVAC would endorse an ANC codification bill if it contained language for appropriate exceptions to the rules. For example, one approach would authorize the President to approve the burial of any citizen who has made a distinguished contribution to the United States.

***MOAA continues to recommend codification of all the rules governing interment in the nation's most hallowed final resting place for its military heroes, and further recommends that the members of the Committees work out a suitable compromise on a limited exception authority.***

### **Modernizing the Soldiers' and Sailors' Civil Relief Act (SSCRA)**

The 177,000 members of the National Guard and Reserve forces now on federal active duty to support the war on terrorism at home and abroad are once again confronted with the unique challenges associated with their multiple military, civilian employment, and family commitments.

Employer support was always strong when Reserve members were a force "in reserve" that would be mobilized only in the event of a major national emergency. That support has become less and less certain as Reservists have been required to serve more and more frequently on tours of extended active

duty leaving their civilian careers on hold and asking their families to shoulder the uncertainties and strains of lengthy absences.

One important way that Congress can show support for all members of the uniformed services during this difficult time is to pass legislation that would clarify and improve the economic and legal protections contained in the SSCRA.

Last year, MOAA (then TROA) submitted a statement for the record supporting enactment of House bills (H.R. 5111 / H.R. 4017, 107<sup>th</sup> Congress) that would update and improve the SSCRA. The provisions in H.R. 4017 concerning mobilized National Guardsmen performing federal emergency duties in state duty status were subsequently enacted.

MOAA noted at the time that our specific recommendations on the proposed legislation were informed by two realities of service today. First, in contrast to the population for which the original SSCRA was enacted in 1940, today's force is a mostly married force and all who serve today are volunteers. Second, the nation relies more than ever on the capabilities and dedication of the National Guard and Reserve forces under the total force policy.

As a consequence, MOAA believes that under properly defined conditions, service family members should be afforded SSCRA economic and legal protections. For example, the protections regarding credit or insurance activities should also extend to a servicemember's dependents. We also believe that interest-rate protection for obligations incurred prior to active duty should also extend to the servicemember's dependents, provided that in cases wherein a dependent incurred an obligation for other than family needs (e.g., a "for profit" enterprise), these protections should not apply.

With regards to raising the rental rate ceiling from \$1200, instead of a specific rate such as \$1700, MOAA recommended an automatic periodic or annual adjustment to the maximum monthly rent for which the coverage applies based on a recognized and accepted Federal standard for tracking average monthly rental rates across the nation. Over time this would provide greater flexibility for servicemembers and preclude the need to periodically change the statute to reflect changing economic conditions.

MOAA was very gratified to see that Chairman Smith introduced legislation, H.R. 100, to modernize the SSCRA on the first legislative day of this 108<sup>th</sup> Congress, 7 January 2003.

**MOAA recommends that the Committees show their support for all members of the uniformed services during this period of national crisis by taking early action on H.R.100, the Servicemembers Civil Relief Act, legislation to modernize the legal and economic protections afforded under the "Soldiers' and Sailors' Civil Relief Act".**

## **Conclusion**

The Military Officers Association of America appreciates the dedication and commitment of the members of the Committees to protect, defend, restore, and improve the benefits earned by those who have served our nation in peace and war. Your actions on behalf of today's servicemembers send a very powerful signal to future veterans serving at home and abroad that their service is recognized and honored. Thank you for the opportunity to submit testimony on behalf of the members of MOAA.